

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 04-04-2014

Street: 1 ROBERTS DRIVE

Incident #: 14ISPC002812

Apt, Lot, Room #:

County: KNOX

City: BICKNELL

## Type of Laboratory Seizure (check one)

- ☒ Lab Seizure  
☐ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☐ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

**Apt., hotel, multi-family dwelling:** Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☒ One Pot or Birch Reaction(s): Basement  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Flammable Solvents: Basement  
☒ Water Reactive Metal (Lithium): Basement, Garage-Trash  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: Basement  
☒ Corrosive Base: Basement, Vehicle  
☒ Ammonium Nitrate/Sulfate: Basement  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☒ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: MICHAEL D. LEMAL  
VIN: 1B7HC13Z3TJ130086  
Year: 1996

Make: DODGE  
Model: TRUCK  
Color: RED

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: BICKNELL VFD Fax: \_\_\_\_\_  
Health Department County: KNOX CO HD Fax: 812-882-5625  
Department of Child Services Hotline: [dcshotlinereports@dcsc.in.gov](mailto:dcshotlinereports@dcsc.in.gov) Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: RYAN M. JOHNSON Phone 812-867-2079

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.